

**Fill in this information to identify the case:**

Debtor name Hilliard Hotels, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number (if known) 2:23-bk-53045

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

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An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 2, 2023

X /s/ Abhijit S. Vasani

Signature of individual signing on behalf of debtor

Abhijit S. Vasani

Printed name

President of InnVite Opco, Inc., sole Member

Position or relationship to debtor

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Official Form 206Sum  
Summary of Assets and Liabilities for Non-Individuals

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Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. <b>Real property:</b> Copy line 88 from <i>Schedule A/B</i> .....	\$ <u>10,800,000.00</u>
1b. <b>Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....	\$ <u>381,802.59</u>
1c. <b>Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....	\$ <u>11,181,802.59</u>

Part 2: Summary of Liabilities

2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$ <u>7,514,091.31</u>
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
3a. <b>Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ <u>67,479.53</u>
3b. <b>Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ <u>3,870,415.05</u>
4. <b>Total liabilities</b> ..... Lines 2 + 3a + 3b	\$ <u>11,451,985.89</u>

**Fill in this information to identify the case:**Debtor name Hilliard Hotels, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIOCase number (if known) 2:23-bk-53045☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

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Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. 1st Citizens Bank of Upper SanduskyChecking5964\$3,251.723.2. US BankChecking9425\$67,124.59**4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$70,376.31****Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.  
☒ Yes Fill in the information below.

**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. Certificate of Deposit X404212- 1st Citizens Bank of Upper Sandusky. Collateral for Loan. EIDL Funds.\$250,000.00**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Debtor **Hilliard Hotels, LLC**  
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Description, including name of holder of prepayment

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

**\$250,000.00**

**Part 3: Accounts receivable**

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.  
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: **12,515.79** - **0.00** = .... **\$12,515.79**  
face amount doubtful or uncollectible accounts

11b. Over 90 days old: **6,258.59** - **1,043.10** = .... **\$5,215.49**  
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

**\$17,731.28**

**Part 4: Investments**

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.  
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies				

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Guest Rooms: Queen  
Beds, King Beds, Armed  
Chairs, Sofas, Dining  
Tables, Dining Chairs,  
Writing Desks, Desk  
Chairs, TVs,  
Refridgerators,  
Microwaves, Coffee  
Makers, TV Tables, Irons  
and Ironing Boards,  
Luggage Racks,  
Curtains, Frames,  
Mirrors, Hari Dryers,  
PTAC, Wallmounted  
Bedlights, Bedside  
Tables, and Clocks

\$0.00

\$39,318.00

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$39,318.00

24. **Is any of the property listed in Part 5 perishable?**

- ☒ No  
☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No  
☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current Value \_\_\_\_\_

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.  
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Meeting Room Furniture: Long Table, Tabloes, Chairs, Projector and TV	\$0.00		\$538.00
	Desk and Chairs	\$0.00		\$81.00

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**Lobby Furniture: Long High Table, Dining  
Tables, Dining Chairs, Sofas, TV, Guest  
Washer, Guest Dryer, and Phone System**

**\$0.00**

**\$1,513.00**

40. **Office fixtures**

41. **Office equipment, including all computer equipment and  
communication systems equipment and software  
Computers and Printers**

**\$0.00**

**\$380.00**

**Three Ice Machines**

**\$0.00**

**\$135.00**

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork;  
books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card  
collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

**\$2,647.00**

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☐ No

☒ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No

☐ Yes

**Part 8: Machinery, equipment, and vehicles**

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

☐ No. Go to Part 9.

☒ Yes Fill in the information below.

**General description**

Include year, make, model, and identification numbers  
(i.e., VIN, HIN, or N-number)

**Net book value of  
debtor's interest**  
(Where available)

**Valuation method used  
for current value**

**Current value of  
debtor's interest**

47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

48. **Watercraft, trailers, motors, and related accessories** *Examples:* Boats, trailers, motors,  
floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm  
machinery and equipment)**

**Laundry Room: Two Washers and Three  
Dryers**

**\$0.00**

**\$1,400.00**

**Fitness Room Equipment: Treadmill, Stair  
Climber, Exercise Bike, Dumbbells, Balancing  
Ball, Medicine Balls, and Water Cooler**

**\$0.00**

**\$330.00**

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51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

**\$1,730.00**

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

- ☐ No  
☒ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 9: Real property**

54. **Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.  
☒ Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

**Description and location of property**

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).

**Nature and extent of debtor's interest in property**

**Net book value of debtor's interest (Where available)**

**Valuation method used for current value**

**Current value of debtor's interest**

55.1. **1600 Hampton Court, Sidney, Ohio 45365. Appraised "as-is" value from February 3, 2022.**

**Fee simple**

**\$0.00**

**Appraisal**

**\$10,800,000.00**

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

**\$10,800,000.00**

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

- ☒ No  
☐ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

- ☐ No  
☒ Yes

**Part 10: Intangibles and intellectual property**

59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☒ No. Go to Part 11.  
☐ Yes Fill in the information below.

**Part 11: All other assets**

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.  
☒ Yes Fill in the information below.

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Current value of  
debtor's interest

71.	<b>Notes receivable</b> Description (include name of obligor)	
72.	<b>Tax refunds and unused net operating losses (NOLs)</b> Description (for example, federal, state, local)	
73.	<b>Interests in insurance policies or annuities</b>	
74.	<b>Causes of action against third parties (whether or not a lawsuit has been filed)</b> <b>Potential Causes of Action Against RSS</b> <b>WFCM2019-C50-OH W2G, LLC</b>	<b>Unknown</b>
	Nature of claim <b>Breach of Contract and Related Claims</b>	
	Amount requested <b>\$0.00</b>	
<hr/>		
	<b>Potential Causes of Action against Janus Hotel Management Service, LLC</b>	<b>Unknown</b>
	Nature of claim	
	Amount requested <b>\$0.00</b>	
<hr/>		
	<b>Potential Causes of Action Against Itria Ventures, LLC</b>	<b>Unknown</b>
	Nature of claim <b>Breach of Contract and Related Claims</b>	
	Amount requested <b>\$0.00</b>	
<hr/>		
75.	<b>Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims</b>	
76.	<b>Trusts, equitable or future interests in property</b>	
77.	<b>Other property of any kind not already listed</b> <i>Examples: Season tickets, country club membership</i>	
78.	<b>Total of Part 11.</b> Add lines 71 through 77. Copy the total to line 90.	<b>\$0.00</b>
79.	<b>Has any of the property listed in Part 11 been appraised by a professional within the last year?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor Hilliard Hotels, LLC  
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**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u>\$70,376.31</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$250,000.00</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$17,731.28</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$39,318.00</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$2,647.00</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$1,730.00</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u>\$10,800,000.00</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$381,802.59</u>	+ 91b. <u>\$10,800,000.00</u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$11,181,802.59</u>

**Fill in this information to identify the case:**

Debtor name Hilliard Hotels, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

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☐ Check if this is an amended filing

**Official Form 206D**

**Schedule D: Creditors Who Have Claims Secured by Property**

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Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	<b>Hillside Maintenance Company</b> <small>Creditor's Name</small>  <b>P.O. Box 133</b> <b>Greensburg, IN 47240</b> <small>Creditor's mailing address</small>  <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. <b>1. Shelby County Treasurer</b> <b>2. RSS WFCM2019-C50-OH WG2, LLC</b> <b>3. Hillside Maintenance Company</b>	Describe debtor's property that is subject to a lien <b>1600 Hampton Court, Sidney, Ohio 45365. Appraised "as-is" value from February 3, 2022.</b>  Describe the lien <b>Judgment Lien</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$222.90</b>	<b>\$10,800,000.00</b>

2.2	<b>RSS WFCM2019-C50-OH WG2, LLC</b> <small>Creditor's Name</small> <b>200 South Biscayne Blvd., Suite 3550</b> <b>Miami, FL 33131</b> <small>Creditor's mailing address</small>  <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b>	Describe debtor's property that is subject to a lien <b>1600 Hampton Court, Sidney, Ohio 45365. Appraised "as-is" value from February 3, 2022. All Asset UCC.</b>  Describe the lien  Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No	<b>\$7,460,758.00</b>	<b>\$10,800,000.00</b>
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Debtor **Hilliard Hotels, LLC**  
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Case number (if known)

**2:23-bk-53045**☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☐ No☒ Yes. Specify each creditor, including this creditor and its relative priority.

Specified on line 2.1

As of the petition filing date, the claim is:  
Check all that apply☒ Contingent☒ Unliquidated☒ Disputed**2.3 Shelby County Treasurer**

Creditor's Name

**Shelby County Annex,  
Floor 3  
Sidney, OH 45365**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☐ No☒ Yes. Specify each creditor, including this creditor and its relative priority.

Specified on line 2.1

Describe debtor's property that is subject to a lien

**1600 Hampton Court, Sidney, Ohio 45365.  
Appraised "as-is" value from February 3,  
2022.****\$53,110.41****\$10,800,000.00**

Describe the lien

**Statutory Lien**

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.4 U.S. Foods, Inc.**

Creditor's Name

**98761 Collections Center  
Drive  
Chicago, IL 60693**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**All Asset UCC****\$0.00****Unknown**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$7,514,091.31****Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

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List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did  
you enter the related creditor?

Last 4 digits of  
account number for  
this entity

**Janus Hotel Management Service, LLC**  
**Attn: Tom Moore**  
**6001 Rockside Road**  
**Independence, OH 44131**

Line 2.2

**Tami Kirby, Esq.**  
**Porter Wright Morris & Arthur, LLP**  
**1 S. Main Street, Suite 1600**  
**Dayton, OH 45402**

Line 2.2

**Timothy Sell**  
**100 East Court Street, 1st Floor**  
**Sidney, OH 45365-4159**

Line 2.3

**Walter Reynolds, Esq.**  
**Porter Wright Morris & Arthur, LLP**  
**1 S. Main Street, Suite 1600**  
**Dayton, OH 45402**

Line 2.2

Fill in this information to identify the case:

Debtor name **Hilliard Hotels, LLC**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF OHIO**

Case number (if known) **2:23-bk-53045**

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

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Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	<p>Priority creditor's name and mailing address</p> <p><b>Abbie Huer</b> <b>11754 US Route 127</b> <b>West Manchester, OH 45382</b></p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>Wages</b></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>\$0.00</b></p>
2.2	<p>Priority creditor's name and mailing address</p> <p><b>Addison Kaylor</b> <b>113 N. Highland Avenue, Apt. 3D</b> <b>Sidney, OH 45365</b></p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>Wages</b></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>\$0.00</b></p>

Debtor	Name	Case number (if known)	2:23-bk-53045
2.3	Priority creditor's name and mailing address <b>Alane Bertsch</b> <b>812 Ferree Place</b> <b>Sidney, OH 45365</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.4	Priority creditor's name and mailing address <b>Amanda Young</b> <b>400 Buckeye Avenue</b> <b>Sidney, OH 45365</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.5	Priority creditor's name and mailing address <b>Brenda Fischbach</b> <b>8629 Patterson Halpin Road</b> <b>Sidney, OH 45365</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.6	Priority creditor's name and mailing address <b>City of Sidney</b> <b>201 W. Poplar Street</b> <b>Sidney, OH 45365</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$13,666.62</b> <b>\$13,666.62</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Sales Tax</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Hilliard Hotels, LLC</b> <small>Name</small>	Case number (if known)	<b>2:23-bk-53045</b>
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2.7	Priority creditor's name and mailing address <b>City of Sidney</b> <b>201 W. Poplar Street</b> <b>Sidney, OH 45365</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$13,600.00</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim: <b>August 2023 Hotel Lodging Tax (Estimated)</b>		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.8	Priority creditor's name and mailing address <b>Crystal Francis</b> <b>632 Folkerth Avenue, #62</b> <b>Sidney, OH 45365</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.9	Priority creditor's name and mailing address <b>Doug Knipp</b> <b>1293 6th Avenue</b> <b>Sidney, OH 45365</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.10	Priority creditor's name and mailing address <b>Eric Simmons</b> <b>1173 Chevy Lane</b> <b>Piqua, OH 45356</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Hilliard Hotels, LLC</b> Name	Case number (if known)	<b>2:23-bk-53045</b>
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2.11	Priority creditor's name and mailing address <b>Harlie Swope</b> <b>5518 Patterson Halpin Road</b> <b>Sidney, OH 45365</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>	
	Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.12	Priority creditor's name and mailing address <b>Internal Revenue Service</b> <b>P.O. Box 7346</b> <b>Philadelphia, PA 19101-7346</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$7,199.08</b> <b>\$7,199.08</b>
	Date or dates debt was incurred	Basis for the claim: <b>Corporate and FICA Tax</b>	
	Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.13	Priority creditor's name and mailing address <b>Martaya Alexander</b> <b>1021 Stonyridge Avenue</b> <b>Troy, OH 45373</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>	
	Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.14	Priority creditor's name and mailing address <b>Michelle Huer</b> <b>11754 US Route 127</b> <b>West Manchester, OH 45382</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>	
	Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor	<b>Hilliard Hotels, LLC</b> <small>Name</small>	Case number (if known)	<b>2:23-bk-53045</b>
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2.15	Priority creditor's name and mailing address <b>Michelle Williams</b> <b>829 Spruce Avenue</b> <b>Sidney, OH 45365</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.16	Priority creditor's name and mailing address <b>Ohio Department of Taxation</b> <b>C/O Bankruptcy Division</b> <b>30 East Broad Street, 21st Floor</b> <b>Columbus, OH 43215</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$16,500.00</b> <b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim: <b>August 2023 Hotel Lodging Tax (Estimated)</b>	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.17	Priority creditor's name and mailing address <b>Ohio Department of Taxation</b> <b>Attn: Bankruptcy Division</b> <b>PO Box 530</b> <b>Columbus, OH 43216</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$16,513.83</b> <b>\$16,513.83</b>
	Date or dates debt was incurred	Basis for the claim: <b>Sales Tax</b>	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.18	Priority creditor's name and mailing address <b>Sara Fridley</b> <b>712 Sounty Side Lane, Apt. 11</b> <b>Sidney, OH 45365</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim: <b>Wages</b>	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor	Name	Case number (if known)	
	<b>Hilliard Hotels, LLC</b>	<b>2:23-bk-53045</b>	
3.1	<b>Nonpriority creditor's name and mailing address</b> <b>A.C.E.</b> <b>7715 Nothwest 22nd Avenue - 312</b> <b>Miami, FL 33147</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade Debt</u> <u>Expense During Receivership</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,168.45</b>
3.2	<b>Nonpriority creditor's name and mailing address</b> <b>AES Ohio</b> <b>P.O. Box 2631</b> <b>Dayton, OH 45401-2631</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utility Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,859.26</b>
3.3	<b>Nonpriority creditor's name and mailing address</b> <b>Affordable Exterminating</b> <b>100 Hawthorne Drive</b> <b>Lima, OH 45805</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade Debt</u> <u>Expense During Receivership</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$112.61</b>
3.4	<b>Nonpriority creditor's name and mailing address</b> <b>AT Plus, LLC</b> <b>P.O. Box 555</b> <b>Sidney, OH 45365</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$125.00</b>
3.5	<b>Nonpriority creditor's name and mailing address</b> <b>Aunt Millies/Perfection Bakery</b> <b>350 Pearl Street</b> <b>Fort Wayne, IN 46802</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Negative Account Receivable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$224.24</b>
3.6	<b>Nonpriority creditor's name and mailing address</b> <b>CenterPoint Energy</b> <b>P.O. Box 4849</b> <b>Houston, TX 77210</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utility Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$766.03</b>
3.7	<b>Nonpriority creditor's name and mailing address</b> <b>Charter Communications</b> <b>P.O. Box 6030</b> <b>Carol Stream, IL 60197-6030</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Telephone and Internet Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,994.37</b>

Debtor	<b>Hilliard Hotels, LLC</b> Name	Case number (if known)	<b>2:23-bk-53045</b>
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3.8	<b>Nonpriority creditor's name and mailing address</b> <b>City of Sidney - Utility</b> <b>201 W. Poplar Street</b> <b>Sidney, OH 45365-2720</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>Water Utility Service</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,986.78</b>
3.9	<b>Nonpriority creditor's name and mailing address</b> <b>DeBra Kuempel</b> <b>P.O. Box 701620</b> <b>Cincinnati, OH 45270</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>Trade Debt</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,319.76</b>
3.10	<b>Nonpriority creditor's name and mailing address</b> <b>DirectTV</b> <b>P.O. Box 5006</b> <b>Carol Stream, IL 60197-5006</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>Television Services</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,297.62</b>
3.11	<b>Nonpriority creditor's name and mailing address</b> <b>Donnellon McCarthy</b> <b>10855 Medallion Drive</b> <b>Cincinnati, OH 45241</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>Trade Debt</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,700.00</b>
3.12	<b>Nonpriority creditor's name and mailing address</b> <b>Emerson</b> <b>8000 West Florissany Avenue</b> <b>Saint Louis, MO 63136</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>Trade Debt</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$98.53</b>
3.13	<b>Nonpriority creditor's name and mailing address</b> <b>Epro Services</b> <b>1491 Polaris Parkway, #217</b> <b>Columbus, OH 43240</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>Trade Debt</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,124.44</b>
3.14	<b>Nonpriority creditor's name and mailing address</b> <b>Hilton</b> <b>755 Crossover Lane</b> <b>Memphis, TN 38117</b> Date(s) debt was incurred ____ Last 4 digits of account number <u><b>9737</b></u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>Franchise Fees (Estimated)</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$109,800.63</b>

Debtor	Name	Case number (if known)	
	<b>Hilliard Hotels, LLC</b>	<b>2:23-bk-53045</b>	
3.15	<b>Nonpriority creditor's name and mailing address</b> <b>IGEL</b> <b>2040 Alum Creek Drive</b> <b>Columbus, OH 43207</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>Negative Account Receivable</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,343.81</b>
3.16	<b>Nonpriority creditor's name and mailing address</b> <b>Innvite Hospitality Group, LLC</b> <b>5955 E. Dublin Granville Road</b> <b>New Albany, OH 43054</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>Payroll Advance</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,462.21</b>
3.17	<b>Nonpriority creditor's name and mailing address</b> <b>Itria Ventures, LLC</b> <b>1 Penn Plaza, Suite 3101</b> <b>New York, NY 10119</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>Merchant Cash Advances</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,334,920.00</b>
3.18	<b>Nonpriority creditor's name and mailing address</b> <b>J K Landscaping</b> <b>3297 St. Rt. 29 North</b> <b>Sidney, OH 45365</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>Trade Debt</b></u> <u><b>Part of Expense During Receivership</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$852.64</b>
3.19	<b>Nonpriority creditor's name and mailing address</b> <b>Ohio Bureau of Workers' Compensation</b> <b>Attn: Law Section Bankruptcy Unit</b> <b>P.O. Box 15567</b> <b>Columbus, OH 43215-0567</b> Date(s) debt was incurred ____ Last 4 digits of account number <u><b>4847</b></u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>Premiums</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$404.75</b>
3.20	<b>Nonpriority creditor's name and mailing address</b> <b>Ohio Department of Job &amp; Family Services</b> <b>Revenue Recovery - Litigation</b> <b>PO Box 182404</b> <b>Columbus, OH 43218</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>Premiums</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.21	<b>Nonpriority creditor's name and mailing address</b> <b>Ohio Secretary of State</b> <b>180 E. Broad Street</b> <b>Columbus, OH 43215</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>NOTICE ONLY</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

Debtor	<b>Hilliard Hotels, LLC</b> Name	Case number (if known)	<b>2:23-bk-53045</b>
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3.22	<b>Nonpriority creditor's name and mailing address</b> <b>Onity, Inc.</b> <b>4001 Fairview Industrial Drive SE</b> <b>Salem, OR 97302</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>6966</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$41,840.30</b>
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3.23	<b>Nonpriority creditor's name and mailing address</b> <b>Plasticard</b> <b>P.O. Box 679814</b> <b>Dallas, TX 75267</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$396.41</b>
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3.24	<b>Nonpriority creditor's name and mailing address</b> <b>Plunketts Pest Control</b> <b>40 52nd Way NE</b> <b>Minneapolis, MN 55421</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$160.74</b>
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3.25	<b>Nonpriority creditor's name and mailing address</b> <b>Securities and Exchange Commission</b> <b>175 West Jackson Blvd</b> <b>Suite 900</b> <b>Chicago, IL 60604</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>NOTICE ONLY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.26	<b>Nonpriority creditor's name and mailing address</b> <b>Servicemaster</b> <b>1524 E. 2nd Street</b> <b>Dayton, OH 45403</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,000.00</b>
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3.27	<b>Nonpriority creditor's name and mailing address</b> <b>Sysco - Cincinnati</b> <b>10510 Evendale Drive</b> <b>Cincinnati, OH 45241</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3087</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,494.47</b>
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3.28	<b>Nonpriority creditor's name and mailing address</b> <b>Turn Key Environmental</b> <b>31 S. Main Street, Suite 214</b> <b>Dayton, OH 45402</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$905.00</b>
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Debtor **Hilliard Hotels, LLC** Case number (if known) **2:23-bk-53045**  
Name

3.29 Nonpriority creditor's name and mailing address **U.S. Small Business Administration**  
**200 W. Santa Boulevard, Suite 740**  
**Santa Ana, CA 92701**  
Date(s) debt was incurred 08/30/2020  
Last 4 digits of account number 8210  
As of the petition filing date, the claim is: *Check all that apply.* **\$2,325,327.06**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: **Economic Injury Disaster Loan**  
Is the claim subject to offset? ☒ No ☐ Yes

3.30 Nonpriority creditor's name and mailing address **Uniquet**  
**225 Kraft Drive**  
**Nashville, TN 37230**  
Date(s) debt was incurred             
Last 4 digits of account number             
As of the petition filing date, the claim is: *Check all that apply.* **\$257.77**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: **Trade Debt**  
Is the claim subject to offset? ☒ No ☐ Yes

3.31 Nonpriority creditor's name and mailing address **Wilson Memorial Hospital**  
**915 West Michigan Street**  
**Sidney, OH 45365**  
Date(s) debt was incurred             
Last 4 digits of account number             
As of the petition filing date, the claim is: *Check all that apply.* **\$2,472.17**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: **Negative Account Receivable**  
Is the claim subject to offset? ☒ No ☐ Yes

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>K&amp;L Gates, LLP</b> <b>One Newark Center, 10th Floor</b> <b>1085 Raymond Blvd.</b> <b>Newark, NJ 07102</b>	Line <u>3.14</u> <input type="checkbox"/> Not listed. Explain <u>          </u>	—
4.2	<b>Michael B. Bach, Esq.</b> <b>DeHaan &amp; Bach, LPA</b> <b>25 Whitney Drive, Suite 106</b> <b>Milford, OH 45150</b>	Line <u>3.22</u> <input type="checkbox"/> Not listed. Explain <u>          </u>	—
4.3	<b>Noah M. Schottenstein, Esq.</b> <b>DLA Piper LLP</b> <b>1900 North Pearl St., Suite 2200</b> <b>Dallas, TX 75201</b>	Line <u>3.17</u> <input type="checkbox"/> Not listed. Explain <u>          </u>	—
4.4	<b>Ohio Attorney General</b> <b>Attn: Bankruptcy Unit</b> <b>150 East Gay Street, 21st Floor</b> <b>Columbus, OH 43215</b>	Line <u>3.19</u> <input type="checkbox"/> Not listed. Explain <u>          </u>	—
4.5	<b>Ohio Attorney General</b> <b>Attn: Bankruptcy Unit</b> <b>150 East Gay Street, 21st Floor</b> <b>Columbus, OH 43215</b>	Line <u>3.20</u> <input type="checkbox"/> Not listed. Explain <u>          </u>	—
4.6	<b>Ohio Attorney General</b> <b>Attn: Bankruptcy Unit</b> <b>150 East Gay Street, 21st Floor</b> <b>Columbus, OH 43215</b>	Line <u>2.16</u> <input type="checkbox"/> Not listed. Explain <u>          </u>	—

Debtor	Name	Case number (if known)	
	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.7	<b>Hilliard Hotels, LLC</b> Attn: Bankruptcy Unit 150 East Gay Street, 21st Floor Columbus, OH 43215	Line <u>2.17</u> <input type="checkbox"/> Not listed. Explain _____	—
4.8	<b>Seidman &amp; Pincus, LLC</b> 777 Terrace Avenue, Suite 508 Hasbrouck Heights, NJ 07604	Line <u>3.17</u> <input type="checkbox"/> Not listed. Explain _____	—
4.9	<b>U.S. Attorney -- Columbus</b> 303 Marconi Blvd, #200 Columbus, OH 43215	Line <u>2.12</u> <input type="checkbox"/> Not listed. Explain _____	—
4.10	<b>U.S. Attorney -- Dayton</b> 602 Federal Building 200 West Second Street Dayton, OH 45402	Line <u>3.29</u> <input type="checkbox"/> Not listed. Explain _____	—
4.11	<b>U.S. Attorney General</b> Main Justice Building Rm 5111 10th & Constitution Ave. N.W. Washington, DC 20530	Line <u>3.29</u> <input type="checkbox"/> Not listed. Explain _____	—
4.12	<b>U.S. Attorney General</b> Main Justice Building Rm 5111 10th & Constitution Ave. N.W. Washington, DC 20530	Line <u>2.12</u> <input type="checkbox"/> Not listed. Explain _____	—

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 67,479.53
5b. +	\$ 3,870,415.05
5c.	\$ 3,937,894.58

**Fill in this information to identify the case:**

Debtor name Hilliard Hotels, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number (if known) 2:23-bk-53045

☐ Check if this is an amended filing

**Official Form 206G**

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property*

**2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1. State what the contract or lease is for and the nature of the debtor's interest **Franchise Agreement for Facility #19737**

State the term remaining **9 Years**

List the contract number of any government contract \_\_\_\_\_

**Hilton Franchise Holding LLC  
755 Crossover Lane  
Memphis, TN 38117**



**Fill in this information to identify the case:**

Debtor name Hilliard Hotels, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number (if known) 2:23-bk-53045

☐ Check if this is an amended filing

# Official Form 206H

## Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

- |       |                             |   |   |   |
|-------|-----------------------------|---|---|---|
| 2.1   | <b>Abhijit Vasani</b>       | 5955 E. Dublin Granville Road<br>New Albany, OH 43054 | <b>U.S. Small Business Administration</b> | <input type="checkbox"/> D _____<br><input checked="" type="checkbox"/> E/F <u>3.29</u><br><input type="checkbox"/> G _____ |
| <hr/> |                             |   |   |   |
| 2.2   | <b>Abhijit Vasani</b>       | 5955 E. Dublin Granville Road<br>New Albany, OH 43054 | <b>Itria Ventures, LLC</b>                | <input type="checkbox"/> D _____<br><input checked="" type="checkbox"/> E/F <u>3.17</u><br><input type="checkbox"/> G _____ |
| <hr/> |                             |   |   |   |
| 2.3   | <b>Bhavna Vasani</b>        | 5955 E. Dublin Granville Road<br>New Albany, OH 43054 | <b>Itria Ventures, LLC</b>                | <input type="checkbox"/> D _____<br><input checked="" type="checkbox"/> E/F <u>3.17</u><br><input type="checkbox"/> G _____ |
| <hr/> |                             |   |   |   |
| 2.4   | <b>Buckeye Lodging, LLC</b> | 5955 E. Dublin Granville Road<br>New Albany, OH 43054 | <b>Itria Ventures, LLC</b>                | <input type="checkbox"/> D _____<br><input checked="" type="checkbox"/> E/F <u>3.17</u><br><input type="checkbox"/> G _____ |
| <hr/> |                             |   |   |   |
| 2.5   | <b>Dayton Hotels 2, LLC</b> | 5955 E. Dublin Granville Road<br>New Albany, OH 43054 | <b>RSS WFCM2019-C50-OH WG2, LLC</b>       | <input checked="" type="checkbox"/> D <u>2.2</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____  |

Debtor **Hilliard Hotels, LLC**

Case number (if known) **2:23-bk-53045**

**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

- |      |                                       |   |   |   |
|------|---------------------------------------|---|---|---|
| 2.6  | <b>Dayton Hotels, LLC</b>             | <b>5955 E. Dublin Granville Road<br/>New Albany, OH 43054</b> | <b>RSS<br/>WFCM2019-C50-OH<br/>WG2, LLC</b> | <input checked="" type="checkbox"/> D <u>2.2</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____  |
| 2.7  | <b>Dayton Hotels, LLC</b>             | <b>5955 E. Dublin Granville Road<br/>New Albany, OH 43054</b> | <b>Itria Ventures, LLC</b>                  | <input type="checkbox"/> D _____<br><input checked="" type="checkbox"/> E/F <u>3.17</u><br><input type="checkbox"/> G _____ |
| 2.8  | <b>Elite Hospitality, LLC</b>         | <b>5955 E. Dublin Granville Road<br/>New Albany, OH 43054</b> | <b>RSS<br/>WFCM2019-C50-OH<br/>WG2, LLC</b> | <input checked="" type="checkbox"/> D <u>2.2</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____  |
| 2.9  | <b>Elite Hospitality, LLC</b>         | <b>5955 E. Dublin Granville Road<br/>New Albany, OH 43054</b> | <b>Itria Ventures, LLC</b>                  | <input type="checkbox"/> D _____<br><input checked="" type="checkbox"/> E/F <u>3.17</u><br><input type="checkbox"/> G _____ |
| 2.10 | <b>Innvite Hospitality Group, LLC</b> | <b>5955 E. Dublin Granville Road<br/>New Albany, OH 43054</b> | <b>Itria Ventures, LLC</b>                  | <input type="checkbox"/> D _____<br><input checked="" type="checkbox"/> E/F <u>3.17</u><br><input type="checkbox"/> G _____ |
| 2.11 | <b>Lancaster Hospitality, LLC</b>     | <b>5955 E. Dublin Granville Road<br/>New Albany, OH 43054</b> | <b>Itria Ventures, LLC</b>                  | <input type="checkbox"/> D _____<br><input checked="" type="checkbox"/> E/F <u>3.17</u><br><input type="checkbox"/> G _____ |
| 2.12 | <b>Oak Hills Hotels, LLC</b>          | <b>5955 E. Dublin Granville Road<br/>New Albany, OH 43054</b> | <b>Itria Ventures, LLC</b>                  | <input type="checkbox"/> D _____<br><input checked="" type="checkbox"/> E/F <u>3.17</u><br><input type="checkbox"/> G _____ |
| 2.13 | <b>S&amp;G Hospitality, Inc.</b>      | <b>5955 E. Dublin Granville Road<br/>New Albany, OH 43054</b> | <b>Itria Ventures, LLC</b>                  | <input type="checkbox"/> D _____<br><input checked="" type="checkbox"/> E/F <u>3.17</u><br><input type="checkbox"/> G _____ |

Debtor **Hilliard Hotels, LLC**

Case number (if known) **2:23-bk-53045**

**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.14	<b>SMV Hotels, Inc.</b>	<b>5955 E. Dublin Granville Road New Albany, OH 43054</b>	<b>Itria Ventures, LLC</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.17</u> <input type="checkbox"/> G _____
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2.15	<b>Sunburst Hotels, LLC</b>	<b>5955 E. Dublin Granville Road New Albany, OH 43054</b>	<b>Itria Ventures, LLC</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.17</u> <input type="checkbox"/> G _____
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2.16	<b>Synergy Hotels, LLC</b>	<b>5955 E. Dublin Granville Road New Albany, OH 43054</b>	<b>Itria Ventures, LLC</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.17</u> <input type="checkbox"/> G _____
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2.17	<b>Tehrah Hospitality , LLC</b>	<b>5955 E. Dublin Granville Road New Albany, OH 43054</b>	<b>Itria Ventures, LLC</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.17</u> <input type="checkbox"/> G _____
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2.18	<b>Welcome Group 2, LLC</b>	<b>5955 E. Dublin Granville Road New Albany, OH 43054</b>	<b>RSS WFCM2019-C50-OH WG2, LLC</b>	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.19	<b>Welcome Group 2, LLC</b>	<b>5955 E. Dublin Granville Road New Albany, OH 43054</b>	<b>Itria Ventures, LLC</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.17</u> <input type="checkbox"/> G _____
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2.20	<b>Welcome Group, LLC</b>	<b>5955 E. Dublin Granville Road New Albany, OH 43054</b>	<b>Itria Ventures, LLC</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.17</u> <input type="checkbox"/> G _____
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**Fill in this information to identify the case:**

Debtor name Hilliard Hotels, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number (if known) 2:23-bk-53045

☐ Check if this is an amended filing

**Official Form 207**

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

**1. Gross revenue from business**

☐ None.

**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year**

**Sources of revenue**  
Check all that apply

**Gross revenue**  
(before deductions and exclusions)

**From the beginning of the fiscal year to filing date:**  
From 1/01/2023 to Filing Date

☒ Operating a business  
☐ Other \_\_\_\_\_

\$1,215,230.35

**For prior year:**  
From 1/01/2022 to 12/31/2022

☒ Operating a business  
☐ Other \_\_\_\_\_

\$1,933,212.16

**For year before that:**  
From 1/01/2021 to 12/31/2021

☒ Operating a business  
☐ Other \_\_\_\_\_

\$2,075,819.01

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

**Creditor's Name and Address**

**Dates**

**Total amount of value**

**Reasons for payment or transfer**  
Check all that apply

Debtor **Hilliard Hotels, LLC**Case number (if known) **2:23-bk-53045**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <b>AES Ohio</b> <b>P.O. Box 2631</b> <b>Dayton, OH 45401-2631</b>	<b>6/8/23;</b> <b>7/12/23</b>	<b>\$10,387.34</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.2. <b>AT&amp;T ROC</b> <b>4513 Western Avenue, Room RMO</b> <b>Lisle, IL 60532</b>	<b>6/16/23</b>	<b>\$21,373.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.3. <b>Bamboo HR Payroll</b> <b>335 S. 560 West</b> <b>London, UT 84042</b>	<b>06/01/2023,</b> <b>06/15/2023,</b> <b>06/29/2023,</b> <b>07/13/2023</b> <b>07/27/2023,</b> <b>08/10/2023</b>	<b>\$69,417.82</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b><u>Payroll</u></b>
3.4. <b>City of Sidney</b> <b>201 W. Poplar Street</b> <b>Sidney, OH 45365</b>	<b>6/16/23;</b> <b>7/13/23</b>	<b>\$23,017.13</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b><u>Tax</u></b>
3.5. <b>City of Sidney - Utility</b> <b>201 W. Poplar Street</b> <b>Sidney, OH 45365-2720</b>	<b>08/08/2023</b>	<b>\$7,986.78</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.6. <b>Jorge Martinez Perza</b> <b>1893 S. Champion Avenue</b> <b>Columbus, OH 43207</b>	<b>6/7/23;</b> <b>6/27/23;</b> <b>7/27/23</b>	<b>\$48,600.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.7. <b>JMP Remodeling Multiservices, LLC</b> <b>1893 Champion Avenue</b> <b>Columbus, OH 43207</b>	<b>06/07/2023,</b> <b>06/13/2023,</b> <b>06/17/2023,</b> <b>06/23/2023</b> <b>07/05/2023,</b> <b>07/13/2023,</b> <b>07/17/2023,</b> <b>07/27/2023</b> <b>08/01/2023,</b> <b>08/07/2023</b>	<b>\$149,000.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___

Debtor **Hilliard Hotels, LLC**Case number (if known) **2:23-bk-53045**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.8. <b>Hilton</b> <b>4649 Paysphere Circle</b> <b>Chicago, IL 60674</b>	<b>6/9/23</b>	<b>\$30,635.45</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b>Franchise Fees</b>
3.9. <b>Ohio Department of Taxation</b> <b>C/O Bankruptcy Division</b> <b>30 East Broad Street, 21st Floor</b> <b>Columbus, OH 43215</b>	<b>6/23/23;</b> <b>7/24/23</b>	<b>\$27,603.80</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b>Tax</b>
3.10 <b>Paymentech</b> <b>14211 N. Dallas Toll Way</b> <b>Dallas, TX 75244</b>	<b>6/5/2023;</b> <b>6/23/2023;</b> <b>7/5/2023;</b> <b>7/11/2023;</b> <b>7/24/2023</b> <b>8/3/2023</b>	<b>\$16,136.64</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other ____
3.11 <b>Sysco - Cincinnati</b> <b>10510 Evendale Drive</b> <b>Cincinnati, OH 45241</b>	<b>06/06/2023,</b> <b>06/13/2023,</b> <b>06/20/2023,</b> <b>06/27/2023,</b> <b>07/04/2023,</b> <b>07/11/2023,</b> <b>07/18/2023,</b> <b>07/25/2023</b> <b>08/01/2023</b>	<b>\$10,194.76</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.12 <b>U.S. Small Business Administration</b> <b>200 W. Santa Boulevard, Suite 740</b> <b>Santa Ana, CA 92701</b>	<b>7/10/23;</b> <b>6/12/23</b>	<b>\$19,946.00</b>	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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Debtor **Hilliard Hotels, LLC**Case number (if known) **2:23-bk-53045**

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. Innvite Hospitality Group, LLC 5955 E. Dublin Granville Road New Albany, OH 43054 Management Company	09/01/22; 09/06/22; 09/20/22; 10/04/22; 10/18/22; 11/15/22; 11/23/22; 11/29/23; 12/07/22; 12/13/2212/2 7/22; 12/28/22; 01/10/23; 01/24/23; 02/07/23; 02/21/23; 03/07/23; 03/14/23; 03/21/2023; 04/04/23; 04/15/2023; 04/18/23; 05/02/2023; 05/09/2023; 05/10/20230; 5/16/2023; 05/30/2023; 06/01/2023; 06/13/2023; 06/27/2023; 06/30/2023; 07/11/2023; 07/25/23; 08/07/23; 08/08/23; 08/23/2023	\$144,547.82	Management of Hotel
4.2. Innvite Hospitality Group, LLC 5955 E. Dublin Granville Road New Albany, OH 43054 Management Company	10/11/22; 6/27/23; 7/20/23	\$60,633.96	Mobile Banking Transfers.

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
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**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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**Part 3: Legal Actions or Assignments**

Debtor **Hilliard Hotels, LLC**Case number (if known) **2:23-bk-53045****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	<b>Itria Ventures, LLC v Welcome Group, LLC, et al. 650527-2023</b>	<b>Civil</b>	<b>Supreme Court of NY, NY County 60 Centre Drive New York, NY 10007</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	<b>RSS WFCM2019-C50-OH W2G, LLC v Welcome Group 2, LLC, et al. 2021CV05237</b>	<b>Civil</b>	<b>Montgomery County Common Pleas 41 N Perry Street Dayton, OH 45402</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	<b>RSS WFCM2019-C50-OH W2G, LLC v Welcome Group 2, LLC, et al. CA 029655</b>	<b>Appeal</b>	<b>Second Appellate District of Ohio 41 N. Perry Street, 5th Floor Dayton, OH 45422</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.4.	<b>RSS WFCM2019-C50-OH W2G, LLC v Welcome Group 2, LLC, et al. CA 029869</b>	<b>Appeal</b>	<b>Second Appellate District of Ohio 41 N. Perry Street, 5th Floor Dayton, OH 45422</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.5.	<b>RSS WFCM2019-C50-OH W2G, LLC v Welcome Group 2, LLC, et al. 2023 0545</b>	<b>Appeal</b>	<b>Supreme Court of Ohio 65 S. Front Street, 8th Floor Columbus, OH 43215</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☐ None

Custodian's name and Address	Describe the property	Value
<b>RSS WFCM2019-C50-OH WG2, LLC 200 South Biscayne Blvd., Suite 3550 Miami, FL 33131</b>	<b>1600 Hampton Avenue, Sidney, Ohio</b>	<b>Unknown</b>
	Case title <b>RSS WFM2019-C50-OH WG2, LLC v Welcome Gr</b>	Court name and address <b>Montgomery County Common Pleas Court 41 N. Perry Street Dayton, OH 45402</b>
	Case number <b>2021CV05237</b>	
	Date of order or assignment <b>August 4, 2023</b>	

**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Debtor **Hilliard Hotels, LLC**Case number (if known) **2:23-bk-53045****Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.  List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost

**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.  Thomsen Law Group, LLC 140 North Main Street, Suite A Springboro, OH 45066		No Funds Receiver in the Year Prior to Petition Filing	\$0.00
Email or website address dblasius@ihtlaw.com			
Who made the payment, if not debtor?			
11.2.  Carpenter Lipps, LLP 280 North High Street, Suite 1300 Columbus, OH 43215	Provided for InnVite Opco, Inc.	12/23/22; 1/3/23	\$70,000.00
Email or website address beck@carpenterlipps.com			
Who made the payment, if not debtor? InnVite Hospitality Group, LLC			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.  
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

Debtor Hilliard Hotels, LLCCase number (if known) 2:23-bk-53045☐ None.

	Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1	<b>Innvite Hospitality Group, LLC</b> 5955 E. Dublin Granville Road New Albany, OH 43054	Funds from US Bank to Money Market Account	9/7/22	\$50,000.00
	Relationship to debtor Management Company			
13.2	<b>Welcome Group 2, LLC</b> 5955 E. Dublin Granville Road New Albany, OH 43054	Funds from US Bank Account From from First Citizens Bank of Upper Sandusky	1/19/23; 5/4/23	\$18,600.00
	Relationship to debtor Affiliate/Co-Debtor			
13.3	<b>Dayton Hotels, LLC</b> 5955 E. Dublin Granville Road New Albany, OH 43054	Funds from US Bank Account Funds from First Citizens Bank of Upper Sandusky Account	1/9/23; 7/12/23; 7/19/23	\$23,300.00
	Relationship to debtor Affiliate/Co-Debtor			
13.4	<b>Dayton Hotels 2, LLC</b> 5955 E. Dublin Granville Road New Albany, OH 43054	Funds from First Citizens Bank of Upper Sandusky	1/19/23	\$6,900.00
	Relationship to debtor Affiliate/Co-Debtor			
13.5	<b>Synergy Hotels, LLC</b> 5955 E. Dublin Granville Road New Albany, OH 43054	Funds from First Citizens Bank of Upper Sandusky	8/15/23	\$2,200.00
	Relationship to debtor Affiliate/Co-Debtor			
13.6	<b>InnVite Opco, Inc.</b> 5955 E. Dublin Granville Road New Albany, OH 43054	Funds from First Citizens Bank of Upper Sandusky	7/18/22	\$12,900.00
	Relationship to debtor Member			
13.7	<b>Lancaster Hospitality, LLC</b> 5955 E. Dublin Granville Road New Albany, OH 43054	Funds from First Citizens Bank of Upper Sandusky	6/21/22	\$8,199.04
	Relationship to debtor Affiliate/Co-Debtor			

Debtor **Hilliard Hotels, LLC**

Case number (if known) **2:23-bk-53045**

	Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.8	<b>S&amp;G Hospitality, Inc. 5955 E. Dublin Granville Road New Albany, OH 43054</b>	<b>Funds from First Citizens Bank of Upper Sandusky</b>	<b>9/20/22</b>	<b>\$511,870.00</b>
	Relationship to debtor Affiliate/Co-Debtor			
13.9	<b>Janus Hotel Management Service, LLC Attn: Tom Moore 6001 Rockside Road Independence, OH 44131</b>	<b>Funds from Bank Account</b>	<b>08/16/2023</b>	<b>\$91,315.10</b>
	Relationship to debtor Receiver			

**Part 7: Previous Locations**

**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy From-To
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**Part 8: Health Care Bankruptcies**

**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.

☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
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**Part 9: Personally Identifiable Information**

**16. Does the debtor collect and retain personally identifiable information of customers?**

☐ No.

☒ Yes. State the nature of the information collected and retained.

**Customer information as part of franchise reservation systems with  
the franchise privacy policy**

Does the debtor have a privacy policy about that information?

☐ No

☒ Yes

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

☒ No. Go to Part 10.

☐ Yes. Does the debtor serve as plan administrator?

Debtor **Hilliard Hotels, LLC**Case number (if known) **2:23-bk-53045****Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Does debtor still have it?
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**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
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**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None
**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?** Include settlements and orders.
☒ No.

☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an**

Debtor **Hilliard Hotels, LLC**Case number (if known) **2:23-bk-53045****environmental law?**

- ☒ No.
- ☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No.
- ☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed
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**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26a.1. <b>Contemporary Business Solutions</b> <b>3791 Attucks Drive</b> <b>Powell, OH 43065</b>	<b>Ongoing</b>

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

- ☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. <b>Contemporary Business Solutions</b> <b>3791 Attucks Drive</b> <b>Powell, OH 43065</b>	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

- ☒ None

Name and address
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**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

Debtor **Hilliard Hotels, LLC**Case number (if known) **2:23-bk-53045**

- ☒ No
- ☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Abhijit Vasani	5955 E. Dublin Granville Road New Albany, OH 43054	President	0

Name	Address	Position and nature of any interest	% of interest, if any
Bhavna A Vasani	5955 E. Dublin Granville Road New Albany, OH 43054	Vice President	0

Name	Address	Position and nature of any interest	% of interest, if any
InnVite Opco, Inc.	5955 E. Dublin Granville Road New Albany, OH 43054	Managing Member	100

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
- ☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
- ☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 Innvite Hospitality Group, LLC 5955 E. Dublin Granville Road New Albany, OH 43054	\$205,181.78	Various	Managment Services
Relationship to debtor Management Company			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
- ☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

Debtor Hilliard Hotels, LLC

Case number (if known) 2:23-bk-53045

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No  
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 2, 2023

/s/ Abhijit S. Vasani  
Signature of individual signing on behalf of the debtor

Abhijit S. Vasani  
Printed name

Position or relationship to debtor President of InnVite Opco, Inc., sole Member

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No  
☐ Yes